

COMPLAINT FORM
(Complete in Black Ink)

PART A

1. Consumer's Name: Mr/Mrs/Ms/Miss
Last _____ First _____ Middle _____
2. Street Address: _____
3. Mailing Address: _____
4. Tel. Nos: Home: (_____) Work: (_____) FAX: (_____)

PART B

1. Manufacturer: _____
2. Address: _____

3. Telephone No.: (_____)
4. Date of Manufacture _____ Plant (Name or #) _____
5. Home Size: Single Wide ____ Multi-Wide _____ Length ____ ft. Width ____ ft.
6. Date Purchased: _____ Date Delivered _____
7. HUD Label Nos. _____ Serial Nos. _____
8. Purchased: New ____ Used ____ Repossession _____ Moved: Yes ____ No ____

PART C

1. Dealer: _____
2. Address: _____

3. Tel. No. (_____) Contact/Salesperson _____

PART D

1. Installer: _____
2. Address: _____

3. Home Builder Registration Number _____

PART E

1. Have you previously filed a complaint form? Yes ____ No ____.
If yes, please identify when, where _____
and provide complaint/case # _____, if known).
2. Did you contact dealer? Yes ____ No ____ Manufacturer? Yes ____ No ____
(Contract was written ____ verbal ____ (phone or in person) ? Both ____)?
- 3 Have you contacted anyone else (e.g., Consumer Affairs, Better Business Bureau, Attorney?
4. Please list those notified: _____

PART F

1. List problems: _____

Signature _____ Date: _____

Return information to: MARYLAND DEPT. OF HOUSING & COMMUNITY DEVELOPMENT
MARYLAND CODES ADMINISTRATION
100 COMMUNITY PLACE
CROWNSVILLE MD 21032-2023
Contact Person: CHARLES COOK
Phone: (410) 514-7217